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Federal State Budget Educational Institution
of Higher Education
Pacific State Medical University
of the Ministry of Health of the Russian Federation

APPROVED BY

Director of the Institute of Dentistry
_____/ Pervov Yu.Yu./
“8th” of June 2026

COLLECTION OF ASSESSMENT TOOLS

B1.V.EC.03.04 Prevention of dental anomalies in different age periods of the basic educational program of Higher Education

Specialty	31.05.03 Dentistry for foreign students (English-language program) (code, name)
Degree	Specialist's degree
Profile	02 "Healthcare" (in the field of providing health care in patients with dental pathology)
Mode of study	Full-time
Period of mastering the BEP	5 years (nominal length of study)
Institute	of Dentistry

Vladivostok, 2026

1. INTRODUCTION

1.1. Collection of Assessment Tools is a document that regulates the format, content, and types of assessment tools for continuous assessment, interim examination and final (state final) examination, and graded criteria for each type of assessment tools.

1.2. Assessment tools allows to evaluate the development of universal, general professional, and professional competencies (UCs, GPCs and PCs respectively) outlined in Federal State Educational Standard of Higher Education and defined in the basic educational program of higher education for the specialty 31.05.03 Dentistry for foreign students (English-language program), profile 02 "Healthcare" (in the field of providing health care in patients with dental pathology).

([BEP HE for the 31.05.03 Dentistry for foreign students \(English-language program\)](#) specialty, section 3 Learning Outcomes Requirements of the Basic Educational Program of Higher Education)

2. DOCUMENT BODY

2.1. Types of Assessment, Formats of Assessment Tools

No.	Types of assessment	Assessment Tools Format
1	Continuous assessment	Interview Questions
		Tests
		Mini-Case Studies
		Checklist
2	Interim assessment	Tests

3. The contents of assessment tools for continuous and interim examination are prepared by the teacher of the course

Interview questions

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
I		ANSWER THE QUESTIONS
		1. Principles of primary prevention of dentoalveolar anomalies. 2. Principles of secondary prevention of dental anomalies. 3. Types of dental anomalies and their classification. 4. Principles of constructing classifications. Morphological, functional, and etiopathogenetic classifications (Engle, Simon, Katz, Kalvelis, Betelman, Kantorovich, Kalamkarov, Kurlyandsky, Ilyina-Markosyan, Department of Orthodontics and Pediatric Prosthetics, Moscow State Medical University of the Russian Federation). 5. Modern classification of dental occlusion anomalies (Persin L.S.). 6. Harmonious development of the dental system. Six Keys of Occlusion according to Andrews.

		7. Etiology of dental anomalies and their prevention: diseases of the child and mother. 8. Bad habits and methods of eliminating them at different ages. 9. Myogymnastics – a method for the prevention and treatment of dental anomalies. Principles of myogymnastics. 10. Diagnostics of morphological and functional disorders in dentofacial anomalies. 11. Clinical examination. Questioning technique (complaint, anamnesis). 12. Method of examination and palpation: examination of the skin and visible mucous membranes of the mouth, pharynx, nasal cavity, conjunctiva. 13. Study of facial signs of dentoalveolar anomalies. 14. Features of examination methods by an orthodontist of patients of different ages
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Assessment criteria

"Very good" grade is given to a student who possesses knowledge of the subject in full scope outlined in the curriculum, has a sufficiently deep insight into the subject; is able to answer all questions clearly, exhaustively, and with no outside help; structures their answers logically, with emphasis on the most important information; is able to analyze, compare, classify, summarize, refine, and structure the course content, giving particular attention to cause-and-effect relationships.

"Good" is given to a student whose knowledge of the subject is almost in full scope outlined in the curriculum (gaps are only present in the knowledge of some especially complex aspects); is able to answer questions exhaustively with little to no outside help; does not always put emphasis on the most important information, but does not make significant mistakes.

"Satisfactory" is given to a student who possesses the bulk of knowledge on the subject; has difficulties answering questions with no outside help, uses imprecise wording; makes mistakes in substantial number of their answers.

"Unsatisfactory" is given to a student who does not have the mandatory minimum of knowledge on the subject, is not able to give an answer even with additional guiding questions.

Tests for continuous and interim assessment

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
I		ANSWER LEVEL 1 TEST QUESTIONS (ONE CORRECT ANSWER)
		1. The bad habit of putting one's tongue between the teeth can lead to 1) expansion of dental arches 2) narrowing of the dental arches 3) incisor disocclusion 4) incomplete eruption of teeth 5) the occurrence of diastema 2. Non-closure of the front teeth in children 2-3 years old can be caused by 1) chewing disorder 2) incorrect posture 3) sucking a pacifier

		4) teething 5) bruxism 3. Anomalies in the position of teeth are caused by 1) incorrect position of the tooth rudiment 2) disruption of chewing function 3) fluorosis 4) caries 5) enamel hypoplasia 4. Risk factors for the development of dental anomalies in children include 1) enamel hypoplasia 2) fluorosis 3) early removal of deciduous teeth 4) gingivitis 5) medium caries 5. Designs of prophylactic prostheses for 5-6-year-old children 1) tabs 2) bridge-like 3) console 4) removable plate 5) clasp 6. When swallowing, the correct position of the tip of the tongue is 1) between the front teeth 2) in the area of the palatal surface of the upper front teeth 3) at the border of the hard and soft palate 4) between the lips 5) at the bottom of the oral cavity
I		ANSWER LEVEL 2 TEST QUESTIONS (MULTIPLE CORRECT ANSWERS)
		1. At the moment of birth, the baby's lower jaw takes the following position in relation to the upper jaw 1) neutral 2) mesial 3) distal 4) lateral 5) variable 2. In temporary occlusion, the shape of the dental arches is a 1) semicircle 2) semi-ellipse 3) parabola 4) trapezoids 5) rectangle 3. The shape of the upper dental arch in permanent occlusion is a 1) semicircle 2) semi-ellipse 3) parabola 4) trapezoids 5) rectangle

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| | <p>4. The shape of the lower dental arch in permanent occlusion is a</p> <ol style="list-style-type: none">1) semicircle2) semi-ellipse3) parabola4) trapezoids5) rectangle <p>5. Vestibular eruption of the upper permanent canines occurs in case of</p> <ol style="list-style-type: none">1) shortened frenulum of the upper lip2) lack of space in the dentition3) multiple caries4) fluorosis5) gingivitis <p>6. Non-closure of the front teeth in children 2-3 years old can be caused by</p> <ol style="list-style-type: none">1) chewing disorder2) incorrect posture3) sucking a pacifier4) teething5) bruxism <p>7. The bad habit of putting one's tongue between the teeth can lead to</p> <ol style="list-style-type: none">1) expansion of dental arches2) narrowing of the dental arches3) incisor disocclusion4) incomplete eruption of teeth5) the occurrence of diastema <p>8. Anomalies in the position of teeth are caused by</p> <ol style="list-style-type: none">1) incorrect position of the tooth rudiment2) disruption of chewing function3) fluorosis4) caries5) enamel hypoplasia <p>9. The causes of diastema include</p> <ol style="list-style-type: none">1) gingivitis2) shortened frenulum of the upper lip3) caries in the spot stage4) enamel hypoplasia5) crowding of teeth <p>10. The cusps of the primary canines are usually ground down for</p> <ol style="list-style-type: none">1) cosmetic purposes2) prevention of dental anomalies3) prevention of periodontal diseases4) manufacturing of orthodontic appliances5) improving oral hygiene <p>11. When removing deciduous teeth early, it is necessary to</p> <ol style="list-style-type: none">1) stimulate the eruption of permanent teeth2) apply removable dentures3) apply fixed prosthetics4) grind down the unworn cusps of temporary molars |
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		5) conduct dynamic observation 12. The risk factors for the development of dental anomalies in children include 1) enamel hypoplasia 2) fluorosis 3) early removal of deciduous teeth 4) gingivitis 5) caries media
I		ANSWER LEVEL 3 TEST QUESTIONS (MATCHING QUESTIONS)
		1. Match the operating principle with intraoral devices Intraoral devices: 1) Angle's apparatus 2) Angle's sliding arc 3) stationary Angle's arc 4) Angle's expansive arc 5) Ainsworth apparatus 6) single-jaw plate without screw Operating principle: A) can be used in two planes: vertical and transverse B) the design of the device includes crowns or rings on the first permanent molars (support elements), a vestibular retraction arch (active element), sleeves soldered horizontally from the oral surface (auxiliary elements) C) the device consists of a vestibular spring arch made of stainless steel wire with a diameter of 0.9 – 1.2 mm D) works in the sagittal plane. The active element, in addition to the vestibular retraction arch, is the elastic traction E) is used to move individual teeth or groups of teeth. When used simultaneously with two fixed devices with intermaxillary rubber traction, it can cause sagittal, vertical, and transverse movements. F) is used to correct the position of individual teeth, crowding, correction of the shape of dental arches, open and deep bite 2. Match the devices and their design characteristics Devices: 1) arc 2) block 3) lamellar 4) frame 5) elastic 6) functional monoblock Design characteristics: A) plastic plates with an expansion screw or spring, fixing devices and additional active elements B) four replaceable springs with a compression force of 0.4; 0.7; 1.2; 1.8 kg/cm, replaceable attachments of two types, handles and rubber inserts C) a fixed orthodontic appliance using thin, light round wire arches D) the device has a frame E) the device has a block F) consist of a wire arch, an acrylic base, plastic plates for placement along the dental arches in order to form the correct position of the teeth, active elements 3. Match the teeth ratio and the type of bite

		Type of bite: 1) orthognathic 2) progenic 3) biprognathic 4) straight 5) physiological 6) open bite Teeth ratio: A) the lower incisors overlap the upper ones, i.e. the ratio is the opposite of the orthognathic bite B) the front teeth of the upper jaw overlap the teeth of the lower row, and the degree of overlap varies from 2 to 3-4 mm, but not more than half the height of the crown C) there is contact between all teeth, which ensures full chewing function D) is characterized by a forward tilt of the anterior teeth of the upper and lower jaws, while maintaining, to a lesser extent, the overlap of the upper teeth with the lower teeth E) is characterized by direct contact between the cutting surfaces of the anterior teeth and the slopes of the cutting tubercles of the chewing teeth F) when the jaws are closed there is no contact between the upper and lower teeth 4. Match the type of dental anomaly and its characteristic Dental anomaly: 1) tooth shapes 2) structure of hard dental tissues 3) position of teeth 4) tooth color 5) number of teeth 6) tooth size Characteristic: A) oral, vestibular, distal, mesial, infraposition, supraposition, rotation around the longitudinal axis, transposition B) spiky, Hutchinson's, Fournier's, Pfluger's teeth. B) partial and complete adentia (hypodontia), hyperdontia D) hypoplasia, hyperplasia, dentinogenesis imperfecta, amelogenesis imperfecta D) pigmented coloration of enamel or dentin E) microdentia, macrodentia 5. Match the dental anomaly and its characteristic Anomaly of teeth position: 1) vestibular 2) oral 3) mesial 4) distal 5) supraposition 6) translocation Characteristic A) the teeth are shifted towards the central incisors
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		B) the central incisors, canines or the entire group of front teeth are tilted towards the lip C) the teeth are higher than the others D) the central incisors, canines or the entire group of front teeth are tilted towards the palate E) the teeth are displaced from the central incisors F) the tooth erupts in an unusual place, but remains within the arch line
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Assessment criteria

“Very good” - more than 91% correct answers of questions of every level

“Good” - 81-90% correct answers of questions of every level

“Satisfactory” - 71-80% correct answers of questions of every level

“Unsatisfactory” - less than 71% correct answers of questions of every level

Standardized case studies and checklists for **B1.V.EC.03.04 Prevention of dental anomalies in different age periods** course

Case Study No. 1

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies
I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 13, presented to the clinic complaining of malpositioned teeth and irregular occlusion. She had previously undergone orthodontic treatment using removable orthodontic appliances. Clinical picture: Results of additional research methods: • The sum of the mesiodistal dimensions of the upper incisors is 32 mm • The sum of the mesiodistal dimensions of the lower incisors is 23 • Parameters of dental arches: • Width of the dental arch in the area of the upper premolars – 33 (norm 37.5 mm) • Width of the dental arch in the area of the lower premolars – 34 • Width of the dental arch in the area of the upper molars – 44 (standard 49.0 mm) • Width of the dental arch in the area of the lower molars – 45 • Length of the anterior segment of the upper dental arch – 16 (standard 18.5 mm) • Length of the anterior segment of the lower dental arch – 14 (normal 16.5 mm) Data from the telerradiography of the head in lateral projection: • SNA – 78 (normal 82± 2) • SNB – 84 (norm 80±2) • ANB- -6 (normal 2±2) • NSL/MP – 40 (norm 32±2) • NSL/Spp – 5 (norm 7±2) • Spp/MP – 35 (normal 25±2) • Spp/upper incisor – 130 (normal 115±5)

- MP/lower incisor – 78 (normal 95 ± 5)
- interincisal angle – 152 (normal 125 ± 5)



Orthopantomogram:



Data from the telerradiography of the head in lateral projection:



Q	1	Question: Describe the objective picture
Q	2	Question: Analyze the results of anthropometric examination methods
Q	3	Question: Analyze the results of X-ray examination methods
Q	4	Question: Provide a detailed diagnosis

Q	5	Question: Suggest a comprehensive rehabilitation plan for the patient
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Case Study No.1 Checklist

	Code	Competence description / name of labor function / name of work activity / text
S	31.05.03	Dentistry for foreign students (English-language program)
C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment
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I		READ THE PROVIDED CASE DESCRIPTION AND GIVE DETAILED ANSWERS TO THE QUESTIONS Patient A., 13, presented to the clinic complaining of malpositioned teeth and irregular occlusion. She had previously undergone orthodontic treatment using removable orthodontic appliances. Clinical picture: Results of additional research methods: • The sum of the mesiodistal dimensions of the upper incisors is 32 mm • The sum of the mesiodistal dimensions of the lower incisors is 23 mm • Parameters of dental arches: • Width of the dental arch in the area of the upper premolars – 33 (norm 37.5 mm) • Width of the dental arch in the area of the lower premolars – 34 • Width of the dental arch in the area of the upper molars – 44 (standard 49.0 mm) • Width of the dental arch in the area of the lower molars – 45 • Length of the anterior segment of the upper dental arch – 16 (standard 18.5 mm) • Length of the anterior segment of the lower dental arch – 14 (normal 16.5 mm) Data from the telerradiography of the head in lateral projection: • SNA – 78 (normal 82 ± 2) • SNB – 84 (norm 80 ± 2) • ANB- -6 (normal 2 ± 2) • NSL/MP – 40 (norm 32 ± 2) • NSL/Spp – 5 (norm 7 ± 2) • Spp/MP – 35 (normal 25 ± 2) • Spp/upper incisor – 130 (normal 115 ± 5) • MP/lower incisor – 78 (normal 95 ± 5) • interincisal angle – 152 (normal 125 ± 5) 



Orthopantomogram:



Data from the teloradiography of the head in lateral projection:



Q	1	Question: Describe the objective picture
A		Correct answer: 1. The face is asymmetrical (the chin is slightly shifted to the right), the profile is concave, the chin protrudes forward, the lower third of the face is enlarged, the chin fold is smoothed out. 2. In the oral cavity: palatal position of tooth 1.5, supra- and vestibuloeruption of tooth 1.3, 100% space deficiency in the dental arch, mesial shift of teeth 1.4-1.6, displacement of all upper front teeth to the right, tortoanomaly of tooth 2.4, retrusion of the upper incisors, secondary adentia of teeth 3.4, 4.4, slight crowding of the lower incisors, their retrusion. The shape of the dental arches is unchanged. 3. Narrowing and shortening of the upper and lower dental arches. 4. Occlusion of the first molars according to Angle's class III. Mesial occlusion, reverse incisor occlusion, vertical disocclusion in the premolar area, cross occlusion in the lateral region on the right, direct occlusion

		along the transverse in the area of teeth 2.4, 2.5/3.5, 3.6. Shift of the central line on the upper dental arch to the right.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	3 descriptors of the correct answer have been listed
		1-2 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	2	Question: Analyze the results of anthropometric examination methods
A		Correct answer: 1. Ton index = $32/24=1.33$ – the cutters are proportional. 2. According to Pohn measurements – a sharp narrowing of the upper and lower dental arches. 3. According to measurements of the length of the anterior segment according to Korkhaus – shortening of the anterior segment of the upper and lower dental arches.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	2 descriptors of the correct answer have been listed
		1 descriptor of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	3	Question: Analyze the results of X-ray examination methods
A		Correct answer: 1. On the OPG, the rudiments of teeth 1.8, 2.8, 3.8, 4.8 are present, teeth 3.4, 4.4 are missing. The roots of all teeth are formed in accordance with age. 2. TRG analysis: gnathic form of mesial occlusion (angle ANB = -6°); vertical growth type, enlarged lower third of the face (Spp / MP = 35°); the upper incisors are in slight retrusion (Spp / upper incisor = 112°); The lower incisors are in sharp retrusion (MP / lower incisor = 78°).
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	2 incomplete descriptors of the correct answer have been listed
		1 descriptor of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	4	Question: Provide a detailed diagnosis
A		Correct answer: 1. According to ICD-10: K07.2 – Anomalies of dental arch relationships. 2. K07.3 – Anomalies in the position of teeth. Vestibular and supra-eruption of 1.3, complete absence of space in the dental row, secondary adentia of 3.4 and 4.4. 3. Narrowing and shortening of the dental arches, mesial occlusion, reverse incisor occlusion, displacement of the center of the upper jaw to the right, cross occlusion in the lateral section on the right, direct occlusion along the transverse on the left.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	3 descriptors of the correct answer have been listed
		1-2 descriptors of the correct answer has been listed
R0	Fail	No descriptors of the correct answer have been listed
Q	5	Question:

		Suggest a comprehensive rehabilitation plan for the patient
A		Correct answer: Treatment plan. 1. Forced expansion of the upper dental arch using the Derichsweiler apparatus. 2. Normalization of the shape and size of the upper dental arch by means of sequential replacement of arches on a complete fixed appliance (bracket system). 3. Freeing up space for tooth 1.3 using a release spring between teeth 1.2 – 1.4. 4. Placing the 1.3 tooth into the dental row. 5. Normalization of the shape and size of the lower dental arch (its lengthening) and elimination of crowding in the frontal region using sequential replacement of arches on a complete fixed appliance (bracket system). 6. Normalization of sagittal occlusion using intermaxillary traction according to class III. 7. Adjustment. 8. Retention period (retention cap for the upper dentition, fixed retainer 3.3-4.3. 9. Dynamic monitoring of the growth of the lower jaw: if its active growth continues and the patient has aesthetic complaints about the profile, upon reaching the age of 18, carry out orthodontic treatment in combination with orthognathic surgery.
R2	Very good	All descriptors of the correct answer have been listed
R1	Good/Satisfactory	5-7 descriptors of the correct answer have been listed
		1-4 descriptors of the correct answer have been listed
R0	Fail	No descriptors of the correct answer have been listed

4. Assessment criteria for learning outcomes

"**Pass**" is given to a student who has shown a sufficiently strong knowledge of the basic concepts of the subject; is able to complete specific practical tasks outlined in the program with no outside help, use recommended reference material, and correctly evaluate the results.

"**Fail**" is given to a student who has significant gaps in knowledge of the basic concepts of the subject, is not able reach the correct solution to a specific practical task outlined in the curriculum even with outside help.

Practical Skills Assessment Checklist

Practical Skill Name: Fixation of braces on the incisors of the upper/lower jaw

C	PC-2	ability to administer and apply modern methods and/or digital technologies to treat dental patients as well as monitor the effectiveness and safety of the treatment	
F	A/02.7	Prescribing and monitoring the effectiveness and safety of non-pharmacological and pharmacological therapies	
	Action	Performed	Not Performed
1.	Inform the patient about the procedure. Ask for the patient's consent. Provide the patient with a disposable drape (on the chest).	1 point	-1 point
2.	Conduct an assessment of the plaster model of the patient's dentition	1 point	-1 point
3.	Using a pencil, mark the boundaries of the width of the vestibular surface of the incisor	1 point	-1 point
4.	Using a ruler, place at least two points, equidistant from the width boundaries, on the vestibular surface of the incisor	1 point	-1 point
5.	Using a pencil, draw the long axis of the tooth along the constructed points	1 point	-1 point
6.	Using a ruler, measure the height of the clinical crown of the incisor	1 point	-1 point
7.	Using a pencil and a ruler, mark a point (the middle of the height of the clinical crown of the incisor)	1 point	-1 point
8.	Remember the indicator	1 point	-1 point
9.	Using a pencil, draw a perpendicular to the long axis of the tooth through the marked point	1 point	-1 point
10.	Use hand sanitizer. Put on goggles. Put on a mask and examination gloves.	1 point	-1 point
11.	Ask the patient to open his mouth	1 point	-1 point
12.	Using a dental unit gun in the "air" mode, dry the tooth surface.	1 point	-1 point
13.	Apply the contents of the syringe with etching gel to the area of the point that is the intersection of two lines drawn on the vestibular surface of the tooth: - in case of fixation on a natural tooth crown, use a syringe with orthophosphoric acid, - in case of fixation on a metal-ceramic tooth crown, use a syringe with hydrofluoric acid	1 point	-1 point
14.	Using a dental unit gun in the "water" mode, remove the etching gel from the tooth surface.	1 point	-1 point
15.	Using a dental unit gun in the "air" mode, dry the tooth surface.	1 point	-1 point
16.	Take the applicator. Apply the bond to the applicator: - in case of fixation on a natural tooth crown, use OrthoSolo bonding - in case of fixation on a metal-ceramic tooth crown, use a bonding agent for ceramics (silane)	1 point	-1 point
17.	Apply the bond using the applicator to the vestibular surface of the tooth, in the area of the point that is the intersection of two lines drawn on the vestibular surface of the tooth.	1 point	-1 point

18.	Using the dental unit gun in the “air” mode, inflate the bond over the tooth surface for 1 second.	1 point	-1 point
19.	- In case of bonding to a natural tooth crown: put on UV protection glasses and, using an LED lamp, cure the bond for 5 seconds, then remove the UV protection glasses. - In case of fixation on a metal-ceramic dental crown: dry the bond with a strong stream of air, using a gun for a dental unit in the “air” mode for 3 seconds	1 point	-1 point
20.	Open the kraft paper bag and remove the reverse-action tweezers. Remove the bracket using the reverse-action tweezers.	1 point	-1 point
21.	Take a spatula. Using the spatula, apply the dental material to the surface of the bracket base. Set the spatula aside.	1 point	-1 point
22.	Place the bracket on the tooth. Position the bracket in the center of the clinical crown of the tooth.	1 point	-1 point
23.	Open the kraft paper bag and remove the probe. Remove excess material using the probe. Set the probe aside.	1 point	-1 point
24.	Open the paper bag and remove the positioner. Find the numerical value on the positioner (the midpoint of the incisor's clinical crown height) and match it with the bracket installed on the tooth. Set the positioner aside.	1 point	-1 point
25.	Put on UV protection glasses. Using the LED lamp, expose the material to light for 40 seconds. Set the LED lamp aside. Remove the UV protection glasses.	1 point	-1 point
26.	Take off your gloves	1 point	-1 point
	Total	26 points	

Assessment criteria:

"Pass" - at least 75% of required actions performed

"Fail" - 74% of required actions or less performed